

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010174

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 328 Primary Registration District No. 4543 Registrar's No. 4

VS 300
Rev. 4/59

1 1120

2 1120

3 2

4 0

5 1

6 0

7 0

8 0

9 610X

10 90-2

11 12-0

12 90-2

13 12-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. FILED MAR 4 1963		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY WEBSTER		a. STATE MO. b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) SEYMOUR		c. CITY OR TOWN SEYMOUR Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE W. HARGUS		4. DATE OF DEATH Month Day Year 2-20-63	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH APRIL 12, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CUSTOMER		11. BIRTHPLACE (City and state or country) WEBSTER Co. MO.	
13a. FATHER'S NAME ABRAHAM HARGUS		14. NAME OF HUSBAND OR WIFE ANNIE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) NO		16. SOCIAL SECURITY NO. 7581 CHARLES HARGUS SPRINGFIELD MO.	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia - Bilateral Pyelonephritis		INTERVAL BETWEEN ONSET AND DEATH ?	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prostatic Hypertrophy		?	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE, HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 12/13/60 to 2/20/63 and last saw ^{her} him alive on 2/19/63		Death occurred at 9:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE R. E. Lee (Degree or title) D.O.	22b. ADDRESS Seymour Mo	22c. DATE SIGNED 2/22/63	
23a. BURIAL/CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-24-63	23c. NAME OF CEMETERY OR CREMATORY LIBERTY	23d. LOCATION (City, town, or county) (State) WEBSTER Co. MISSOURI
24. FUNERAL DIRECTOR Robert Bengeman ADDRESS Seymour Mo	25. DATE RECD. BY LOCAL REG. 2-23-63	26. REGISTRAR'S SIGNATURE Gilbert Jones	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max L. Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.